

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005653

Entity Name: FLORIDA LAKE MANAGEMENT SOCIETY, INC.**Current Principal Place of Business:**1008 LITTLE FAWN COURT
APOPKA, FL 32712**Current Mailing Address:**PO BOX 345
APOPKA, FL 32704 US**FEI Number:** 52-1754014**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KRISOVITCH, MARYANN
1008 LITTLE FAWN COURT
APOPKA, FL 32712 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PAST PRESIDENT
Name SAGAN, JENNIFER
Address 404 SW 104TH TERRACE
City-State-Zip: GAINESVILLE FL 32669

Title SECRETARY
Name HART, RONALD
Address 107 N. LAKE AVE
City-State-Zip: TAVARES FL 32778

Title PRESIDENT
Name KEENAN , LAWRENCE
Address 4049 REID STREET
City-State-Zip: PALATKA FL 32177

Title DIRECTOR
Name JEFF, HOLLAND
Address 2191 S. SERVICE LANE
City-State-Zip: LAKE BUENA VISTA FL 32830

Title DIRECTOR
Name OLSON, TODD
Address 1860 W 10TH ST
City-State-Zip: RIVIERA BEACH FL 33404

Title VP
Name WALKINSHAW, JOHN
Address 3211 BANYAN HILL LANE
City-State-Zip: LAND O LAKE FL 34639

Title DIRECTOR
Name BIGHAM, DANA
Address PO BOX 112060
101B BRYANT HALL
City-State-Zip: GAINESVILLE FL 32611

Title TREASURER
Name LUMBARD, LANCE
Address 75 E AMELIA ST
City-State-Zip: ORLANDO FL 32801

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARYANN KRISOVITCH**ASST SECRETARY****01/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MARSHALL , DANIELLE
Address 225 NEWBURYPORT DRIVE
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DIRECTOR
Name ARDEN, SAM
Address 102 PHELPS LAB
PO BOX 116350
City-State-Zip: GAINESVILLE FL 32611

Title DIRECTOR
Name GRIFFIN, JAMES
Address 4202 E. FOWLER AVE HMS 301
City-State-Zip: TAMPA FL 33620

Title DIRECTOR
Name DUARTE , SERGIO
Address 800 MERCY DRIVE
SUITE 4
City-State-Zip: ORLANDO FL 32808

Title DIRECTOR
Name CATANZARO, BRIAN
Address 2395 APOPKA BLVD
City-State-Zip: APOPKA FL 32703

Title ASST. SECRETARY
Name KRISOVITCH, MARYANN
Address 1008 LITTLE FAWN COURT
City-State-Zip: APOPKA FL 32712